

RECEIVED FEC MAIL OPERATIONS CENTER

August 15, 2006

Ms. Kristin DeCarmine, Campaign Finance Analyst Reports Analysis Division Federal Election Commission 999 E Street, NW Washington, DC 20463

Identification Number: C00426528

Reference: Statement of Organization, dated 6-27-06

Dear Ms. DeCarmine:

Enclosed are a copy of your letter and the completed FED Form 1 in its entirety. The fax number indicated on the original application is actually the telephone number and has been corrected. The last page of the application now shows the bank to be used by the organization.

Please feel free to call Therese Sylvestre at 401-521-1860, if you have any questions or need additional information.

Sincerely,

m. michael metta M. Michael Motta

Treasurer

**Enclosures** 



July 26, 2006

M. Michael Motta, Treasurer Rhode Island State Right to Life Committee Inc. 266 Smith Street Providence, RI 02908

Response Due Date: August 25, 2006

Identification Number:

C00426528

Reference:

Statement of Organization, dated 6/27/06

Dear Mr. Motta:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. An adequate response must be received at the Commission by the response date noted above. An itemization of the information needed follows:

-Your committee failed to list a campaign depository on Line 9. Please be advised that each registered political committee must designate a campaign depository or depositories. The committee must maintain at least one checking account or transaction account at one of the depositories. 11 CFR §103.2 Please identify the depository or depositories that will be used by your committee. 11 CFR §102.2(a)(1)(vi)

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please

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contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1153.

Sincerely,

Kristin DeCarmine

Campaign Finance Analyst

Reports Analysis Division

223

## 26039172634

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL OPERATIONS CENTER

2006 AUG CAGE Use Conly 8. 31

1.	NAME OF		
	COMMITTEE	(în	full)

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(Check if address is changed)	PRIDVID	ENCE		RI K	02908 -
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COMMITTEE'S FAX NUMBER 4.0.11-118	26 60				
2. DATE 4 2	6 200	<u>~</u>			•
3. FEC IDENTIFICATION N	UMBER >	C 00	426528		
4. IS THIS STATEMENT 🖔	NEW (N)	OR	AMENDED (A)		•
I certify that I have examined to	his Statement and t	o the best of t	my knowledge and belie	f it is true, correct :	and complete.
Type or Print Name of Treasure	H.MICHA	IEL M	DITA		
Signature of Treasurer	n. Miel	oil M	atto	Date 06	1 2006
NOTE: Submission of false, errore			subject the person signin		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

FEC Form 1 (Revi	sed 02/2003)				Page 2
. TYPE OF COMMITTE	E (Check One)				
(a) This com	ımittee is a princ <del>i</del> pal	l campaign committee. (	Complete the candida	ste information belo	>w.)
	nmittee is an authori on below.)	ized committee, and is N	VOT a principal camp	aign committee. (C	complete the candidate
Name of Candidate		1_1_1_1_1_1_1	<del>[                                </del>	L.L 1 1 L L L	
Candidate Party Affiliation		Office House	Senate	Presiden	Statet
(c) This con	nmittee supports/opp	ooses only one candidat	e, and is NOT an aut	thorized committee	
Name of Candidate	. <del></del>	<u> </u>		<u> </u>	<u> </u>
(d) This cor	nmittee is a	(National, S or subordin	State ate) committee of the		(Democratic, Republican, etc.) Party.
<del></del>					
(e) This con	nmittee is a separate	e segregated fund.			
	nmittee supports/opp		ederal candidate, and	is NOT a separate	e segregated fund or party
(f) This cor committe	mmittee supports/opp ee.		NonE	<u>.</u>	segregated fund or party
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(f) This cornection committees  Name of Any Connection  Mailing Address	ted Organization of	r Affiliated Committee	<del></del>		
(f) This cornection committees  Name of Any Connection  Mailing Address  Relationship	ted Organization of	r Affiliated Committee	NONE	STATE A	
This cornected On	ted Organization of	r Affiliated Committee	NONE	STATE A	ZiP CODE A
This cornected On Corporation	ted Organization of	Corporation w/o	NONE	STATE A	ZiP CODE A

W	Vrite or Type Committee Name			
	RHODE ISL	AND STATE RIGHT TO	LIFE COMM	ITTEE INC
7.	Custodian of Records: Identification books and records.	ntify by name, address (phone number – o	ptional) and position of the	person in possession of committee
	Full Name R1/17/	A M PARDUETTELL		
	Mailing Address	266 SMITH ST		
	•		<u>.i   4     1   1   </u>	
		PROVIDENCES	r.I	0,2908-
	Title or Position▼	CITY A	STATE A	ZIP CODE A
	EXEQUITINE	DIRECTOR	Tetephone number	1011-15211-1860
}.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the assistant treasurer).	e treasurer of the committe	e; and the name and address of
	Full Name of Treasurer  MAINTE	RIMPIEL MOITITA		
	Mailing Address	266 SMCTH ST.	<u> </u>	<u></u>
			<u>!</u>	<u> </u>
		PROVIDENCE	<u> </u>	0:29:08-
	Title or Position▼	CITY ▲	STATE A	ZIP CODE A
	<u> </u>	<u> </u>	Telephone number	<u> </u>
	Full Name of Designated Agent	CILAM P. MGKENNON	<u> </u>	<u> </u>
	Mailing Address	1266 CMITH SIT	<u> </u>	<u> </u>
			<u></u>	<u> </u>
		PROVIDENCE	<u> </u>	- 0.2908-LI
	Title or Position▼	CITY A	STATE A	ZIP CODE ▲
		<u>.                                    </u>	Telephone number	
_				
				I

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

<u>B7</u>	GREDITIUM/ON		
Mailing Address	160 FRANCIS STREET	7	
	PROVILDENCE.	J RI	02903-11/18
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository	, etc.		<del>"</del>
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	CITY A	STATE ▲	ZIP CODE A

## Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** 8/15/04 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked USPS Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

8/25/06

DATE PREPARED

PREPARER (3/2005)